



**USAID**  
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# CENTRAL ASIAN REPUBLICS

## TUBERCULOSIS PROFILE



Among the five Central Asian Republics (CAR) of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan, Tajikistan has the highest tuberculosis incidence rate, with 177 cases per 100,000 people in 2004. Although there have been impressive gains in TB control and prevention, much remains to be done to reduce the threat of this serious infectious disease in the region.

Between 1991 and 2001, the number of reported TB cases in the region increased drastically, especially in prison populations. In addition, multidrug-resistant TB (MDR-TB) has become a serious problem. The *Third Global Report on Anti-Tuberculosis Drug Resistance Surveillance*, cosponsored by WHO and the International Union Against Tuberculosis and Lung Disease, identified Kazakhstan as having the highest proportion of MDR-TB (more than 14 percent of newly diagnosed cases) among countries surveyed.

TB trends and indicators in the CAR reflect the deterioration of health care systems and increased poverty since the breakup of the Soviet Union in the early 1990s. This breakup facilitated the spread of infectious diseases, including TB and MDR-TB, in many former Soviet republics. The newly independent CAR were unable to sustain the previous TB infrastructure and are in need of new solutions to combat the growing TB problem.

### USAID Approach and Key Activities

Since 1998, USAID has supported the fight against TB in the CAR by helping the governments of these countries implement Directly Observed Therapy, Short-Course (DOTS). USAID activities for TB control and prevention in the CAR now cover more than 50 percent of the total population. USAID has launched a five-year \$15 million TB control program to strengthen surveillance, laboratory quality, and rational drug management in the region's reforming health care systems. USAID has worked regionally to facilitate the creation of multisectoral high-level working groups that coordinate TB control activities in a range of priority areas, including DOTS expansion, drug management, prison health systems, and MDR-TB. Between 2000 and 2005, USAID funding for TB programming in the CAR averaged about \$3.7 million per year.

USAID assistance includes the following activities:

- Improving political support to national TB control programs
- Supporting community advocacy and mobilization
- Developing approaches to bring DOTS to special populations (prisoners) and strengthen civilian sector linkages for TB control
- Addressing MDR-TB and TB-HIV co-infection

### USAID Program Achievements

USAID support has improved the capacity to implement DOTS regionwide. Achievements include:

- Improved political support to national TB programs in the region
- Helped establish multisectoral high-level working groups that coordinate TB control activities in a range of priority areas, including DOTS expansion, drug management, prison health systems, and MDR-TB

- Assisted in developing proposals for grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Implemented an electronic surveillance and case management system in Kazakhstan, Kyrgyzstan, and Uzbekistan, and began its implementation in Tajikistan and Turkmenistan
- Strengthened capacity of more than 11,000 TB specialists, primary care doctors, laboratory technicians, and nurses, leading to improved detection, treatment, and control of TB between 1998 and 2004

### **Partnerships**

USAID is the leading donor supporting DOTS implementation in the CAR. USAID's partners include the CAR national governments, the Project HOPE Consortium (Project HOPE, the Johns Hopkins University, the New Jersey Medical School National TB Center, CAMRIS International, Chemonics International, and John Snow, Inc.), WHO, the U.S. Centers for Disease Control and Prevention, the World Food Program, ABT Associates, Management Sciences for Health, the Gorgas TB Initiative, the German Development Bank, the Damien Foundation, the World Bank, Médecins Sans Frontières (MSF), MSF-Switzerland, Red Crescent societies, the Soros Foundation, the KNCV Tuberculosis Foundation, and Penal Reform International. The Global TB Drug Facility has provided first-line drugs to Tajikistan and Uzbekistan, and the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided TB grants to Kyrgyzstan, Tajikistan, and Uzbekistan.